

Private Sector
APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER
Auxiliary Aids and Services are Available Upon
Request To Individuals With Disabilities

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of State or Federal law.

INSTRUCTIONS:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 14 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or ability.

INCOMPLETE or UNSIGNED applications will not be considered.

1. Name: _____

2. So. Sec. No. _____

3. Address: _____

4. Phone No. _____

5. This section must be completed for each position you apply for.

Job Title _____

Job Location _____

Date you are available for work

6. If required for this position:

		YES	NO
Do You Have:	a. valid driver's license?	_____	_____
	commercial driver's license ?	_____	_____
	If commercial, specify: type _____ class _____		
	hazardous material _____ tank _____ airbrakes _____		
	b. Are you willing to travel overnight? Yes _____ No _____		

Are you willing to accept: _____ Full time

_____ Part-time (less than 40 hrs/wk)

_____ Temporary

Dates available: _____ to _____

_____ On Call

_____ Day Shift

_____ Other than day shift

_____ Rotating shifts

_____ Seasonal

7. This employer is committed to make reasonable accommodation to any known disability that may interfere with the applicants ability to complete this application or to compete in the interview process. If you would like us to consider any such accommodation, please, on a separate sheet of paper attach a description of the desired accommodation.

8. EDUCATION**A. HIGH SCHOOL**

Received:

____ Diploma or Equivalent Certification

____ None-If "None", enter the highest grade completed _____

B. NAME/ADDRESS OF HIGH SCHOOL AWARING DIPLOMA OR EQUIVALENCY CERTIFICATE:_____

C. COLLEGE or UNIVERSITY LOCATION	DATE ATTENDED	CREDIT HRS. EARNED QTRS/SEMS	DEGREES RECEIVED	DATE OF DEGREE	MAJOR FIELD	MINOR FIELD

D. Other School or Training Courses Which Help You Qualify	DATE ATTENDED	DID YOU COMPLETE	TITLE/DESCRIPTION OF COURSE	TOTAL HOUR

9. LIST PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (CPA, etc.)

A. Name and Complete Address of Licensing Agency	B. Type of License	C. Endorsement/Restriction (If Applicable)	D. Date Licensed

10. If applying for skilled craft jobs, are you a recognized Journey level Worker? ____ YES ____ NO**11. SPECIAL SKILLS—Check the skills you possess. Specify speed/errors where requested.**

____ TYPING ____/____	____ DATA ENTRY ____/____	____ MEDICAL TERMINOLOGY
____ SHORTHAND ____/____	____ TEN-KEY BY TOUCH	____ LEGAL TERMINOLOGY
____ COMPUTER LANGUAGES (Specify) _____	____ OTHER _____	

12. EQUIPMENT—List types of equipment you can operate and specify name or model you have used (e.g. word processor, computer, etc.)

13. EXPERIENCE:

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not an adequate amount of space, you may respond to this section on a separate piece of paper if all questions in the blocks are answered and the same format is followed. This information must be completed even if a resume' is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? ___ YES ___ NO

Name & Complete Address of Employer:

Type of Business:_____ Dates:_____/_____/_____

Immediate Supervisor:_____ Full Time:_____ Part Time:_____

Highest Salary \$ _____ Phone Number:_____

Volunteer; Average hours per week:_____

Describe your duties (job title, knowledge, skills, abilities requires, employees supervised, accomplishments)

Reason for Leaving:_____

Name & Complete Address of Employer:

Type of Business:_____ Dates:_____/_____/_____

Immediate Supervisor:_____ Full Time:_____ Part Time:_____

Highest Salary \$ _____ Phone Number:_____

Volunteer; Average hours per week:_____

Describe your duties (job title, knowledge, skills, abilities requires, employees supervised, accomplishments)

Reason for Leaving:_____

14. CONTINUATION/EXPLANATIONS (refer to item # being continued or explained)

Item #

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

15. I hereby certify that all information on this is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

SIGNATURE: _____ DATE SIGNED: _____

Name & Complete Address of Employer:

Type of Business:_____ Dates:_____/_____/_____

Immediate Supervisor:_____ Full Time:_____ Part Time:_____

Highest Salary \$ _____ Phone Number:_____

Volunteer; Average hours per week:_____

Describe your duties (job title, knowledge, skills, abilities requires, employees supervised, accomplishments)

Reason for Leaving:_____

Name & Complete Address of Employer:

Type of Business:_____ Dates:_____/_____/_____

Immediate Supervisor:_____ Full Time:_____ Part Time:_____

Highest Salary \$ _____ Phone Number:_____

Volunteer; Average hours per week:_____

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Name & Complete Address of Employer:

Type of Business:_____ Dates:_____/_____/_____

Immediate Supervisor:_____ Full Time:_____ Part Time:_____

Highest Salary \$ _____ Phone Number:_____

Volunteer; Average hours per week:_____

Describe your duties (job title, knowledge, skills, abilities requires, employees supervised, accomplishments)

Reason for Leaving:_____